

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Michigan

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

EPSDT SERVICES IN THE SCHOOL SETTING

A. Benefits and Limitations:

School Based Services

School Based services are health-related services that:

- a) are medically necessary,
- b) address the physical or mental disabilities of a child,
- c) are recommended by health care professionals, and
- d) are identified in a child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

All school based services must be medically necessary and be documented in the child's IEP or IFSP.

Medical Necessity

A school based service is determined medically necessary when all of the following criteria are met:

- a) the service addresses a medical or mental disability,
- b) the service is safe and effective,
- c) the services is not experimental or investigational,
- d) the service assists the beneficiary to prevent, correct or ameliorate a condition, disability, illness or injury or maintain functioning,
- e) the service is included in the student's IEP/IFSP treatment plan and,
- f) the service is ordered, in writing, by a physician or other licensed practitioner of the healing arts, acting within the scope of their practice under State law.
 - i) Beneficiaries who require speech, language and hearing services must be referred. A referral means contact by a physician with the speech pathologist or audiologist providing the service or with an enrolled school based services provider for special education and related services. The written order/referral must be updated at least annually.

Under the Direction Of

Under the direction of for services provided in the school setting is, per Michigan Public Health Code, Act 368 of 1978, section 333.16109 Definitions; S to T, (2) "Supervision", except as otherwise provided in this article, means the overseeing of or participation in the work of another individual by a health professional licensed under this article in circumstances where at least all of the following conditions exist:

- (a) The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional.
- (b) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.
- (c) The provision by the licensed supervision health professional of predetermined procedures and drug protocol.

Eligible Providers

The Michigan Medical Assistance Program enrolled providers in Michigan are the 57 Intermediate School Districts (ISDs), Detroit Public Schools and the Michigan School for the Deaf and Blind.

The providers of the school based health services must:

- a) comply with federal regulations for licensure or have an equivalency ruling from the Attorney General,
- b) must act within the scope of their practice as defined by state law,
- c) must provide services in the least restrictive environment,
- d) Comply with the provisions for quality assurance specified in Attachment 3.1-A, 13.d. (6) of the state plan and,
- e) maintain and submit all records and reports to ensure compliance with the Michigan Revised Administrative Rules for Special Education.

B. Covered Services

School based services include:

- a) Speech, Language and Hearing Services
- b) Occupational Therapy
- c) Physical Therapy
- d) Nursing
- e) Psychological, Counseling and Social Work
- f) Developmental Testing
- g) IDEA (Individuals with Disabilities Education Act) Assessments
- h) Vision Services
- i) Personal Care Services
- j) Specialized Transportation
- k) Targeted Case Management

Services are evaluative, diagnostic and treatment services to correct any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting and integrating the above evaluative, diagnostic and treatment information appropriate to an individual's coordinated plan of care.

a. Speech, Language and Hearing: This service is provided based on a physician referral. These are services for individuals with diagnosed speech, language and hearing disorders that are adversely affecting the functioning of the beneficiary. These speech and language therapy services may be diagnostic, corrective or to teach a compensatory skill for deficits that directly result from a medical condition. The services are provided in compliance with 42 CFR 440.110 by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician as defined in 42CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; assistive technology devices and services; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.

These services may be provided by:

A Speech-language pathologist that meets the federal requirements of 42 CFR 440.110 and possess a current Certificate of Clinical Competence (CCC);

An audiologists that meets the federal requirements of 42 CFR 440.110 and possesses current Michigan licensure.

An appropriately supervised speech-language pathologist (SLP and/or audiology candidate (i.e. in his clinical fellowship year or having completed all requirements but has not obtained a CCC). All documentation must be reviewed and signed by the appropriately credentialed supervising SLP or Audiologist;

b. Occupational Therapy: This service must be prescribed by a physician or other licensed practitioner of the healing arts and updated annually. These services must require the skills, knowledge and education of an OTR or COTA to provide therapy. This service may include evaluations, assessments and interpretation of medical information necessary to establish an appropriate plan of treatment. Development of the treatment plan, as well as individual or group therapy preformed to correct or compensate for a medical problem interfering with age appropriate functional performance. These services would include such things as, but not limited to; facilitation of fine motor skills, adaptive equipment assessment and application, manual therapy techniques, pre-vocational training, functional mobility training etc.

These services may be provided by:

An occupational therapist (OTR) meets the federal requirements of 42 CFR, section 440.110, and possess current registration with the American Occupational Therapy Association.

A certified occupational therapy assistant (COTA) under the general supervision of a registered occupational therapist. General supervision requires the supervisor to have at least monthly direct contact in person with the supervisee at the work site with supervision available as needed by other methods.

- c. **Physical Therapy:** This service must be prescribed by a physician or other licensed practitioner of the healing arts and updated annually. This service means the evaluation of, consultation with, or treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting or alleviating a physical or mental disability. It includes treatment planning, performance of tests and measurements, interpretation of referrals, initiation of referrals, instruction, consultative services and supervision of personnel. Physical measures include massage, mobilization, heat, cold, air, light, water, electricity, and sound. Practice of physical therapy does not include the identification of underlying medical problems or etiologies, establishment of medical diagnosis, or the prescribing of treatment.

These services may be provided by:

A physical therapist (LPT) that meets the federal requirements of 42 CFR, section 440.110 and is currently licensed in the State of Michigan,

A certified physical therapy assistant (CPTA) under the supervision of a currently-Michigan-licensed LPT. The LPT must supervise and monitor the CPTAs performance with continuous assessment of the student's progress. All documentation must be reviewed and signed by the appropriately supervising LPT.

d. **Nursing:** Nursing services are direct service interventions and the original need for them must be ordered by a physician. These services are professional services relevant to the medical needs of an individual, who requires assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

These services may be provided by:

A Registered Nurse with current Michigan licensure

A Licensed Practical Nurse with current Michigan licensure

- e. **Psychological, Counseling and Social Work:** These services are diagnostic or active treatments related to the individual educational plan (IEP) or the individualized family service plan (IFSP) with the intent to reasonably improve the individual's physical or mental condition or functioning. These services include but are not limited to: testing and evaluation that apprise cognitive, emotional and social functioning and self concept; interviews and behavioral evaluations, therapy and treatment that is planning, managing, and providing a program of psychological services to individuals with diagnosed psychological problems; and unscheduled activities for the purpose of resolving an immediate crisis situation.

These services may be provided by:

A physician or psychiatrist, that meets the federal requirements of 42 CFR, section 440.50 and possesses a current licensure in the State of Michigan,

A fully licensed psychologist (Doctoral level) in the State of Michigan,

A limited-licensed psychologist (Masters level) under the supervision of a fully licensed psychologist,

A social worker that meets the federal requirements of 42 CFR, section 440.130 with a Masters degree from a graduate school of social work and a minimum of 500 clock hours of supervised practicum.

- f. **Developmental Testing:** This service means an interdisciplinary screen of standardized tests, the purpose of which is to identify those children who have a high probability of exhibiting delayed or abnormal development and may require further evaluation and assessment. Testing is performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental delays (not performed for educational purposes). These services are performed by or under the direction of a licensed physician or psychiatrist; or other licensed or equivalent psychological counseling and social work staff acting within their scope of practice.

These services may be provided by:

A Teacher Consultant with a Masters degree (pending Attorney General equivalency ruling).

A fully-licensed Psychologist (Doctoral level) in the State of Michigan

A limited-license Psychologist (Masters level) in the State of Michigan, under the supervision of a fully licensed psychologist

A Social Worker with a Masters degree from a graduate school of social work program and a minimum of 500 clock hours of supervised practicum.

- g. **DEA Assessment:** **Note: Do we want to single out this service or simply make this part of each clinician category of service?** This service means assessments of the health and medical status of individuals that are evaluations, tests and related activities performed to determine if an individual is eligible under provisions of the Individuals with Disabilities Education Act (IDEA) of 1990. These services occur regularly in the determination of eligibility under IDEA and are related to the evaluation of the functioning of the individual. These services are reimbursable only after they result in the implementation of an IEP (Individualized Education Program) or IFSP (Individualized Family Services Plan).

These services may be provided by:

A licensed physician or psychiatrist;

A licensed or equivalent psychological,

Counseling and social work staff, or

Other individuals certified and approved by the State Board of Education as teacher consultants for handicapped persons.

- h. **Vision:** This service means communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

These services may be performed by:

An orientation and mobility specialist with ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals) certification in the State of Michigan (pending Attorney General equivalency ruling).

A Speech-language pathologist that meets the federal requirements of 42 CFR 440.110 and possess a current Certificate of Clinical Competence (CCC);

- i. **Personal Care Services:** These are services as defined in 42 CFR 440.167, that are provided to Medicaid eligible beneficiaries who are not inpatients or residents of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease. Personal care services are a range of human assistance services provided to persons with disabilities and chronic conditions to enable them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or may be in the form of cueing so that the person performs the task by themselves. Such assistance includes but is not limited to such tasks as eating, bathing, dressing, personal hygiene, toileting, transferring, ambulation etc. The Personal Care Paraprofessional personnel are employed in the Special Education Program and shall be qualified under the requirements established by their respective intermediate school district plan. Providers must be trained in the skills needed to perform covered services, and must be under the supervision of a qualified professional as designated in the IEP/IFSP.

These services may be provided by:

Health care aide,
Teahter aides,
Instructional aides,
Bilingual aides,
Program assistants,
Trainable aides

- j. **Targeted Case Management:** These are services provided by a Designated Case Manager for the implementation of the IEP/IFSP treatment plan. Services must be documented in the IEP/IFSP. Case management services include but are not limited to those services that assist a beneficiary in the target group to gain access to needed medical, social and educational services provided under the state Medicaid program, provide linkage and coordination of a needed health or behavioral service, provide monitoring of the services, education, support, advocacy and care plan development services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers and that services will not duplicate payments made to other public or private agencies. The beneficiary must freely elect to receive case management services,

These services may be provided by:

A Designated Case Manager must demonstrate knowledge of services for infants and toddlers under IDEA, Part C of the IDEA law, the nature and scope of services covered under IDEA, provision of direct care services to individuals with special needs and provision of culturally competent services within the culture of the community being served plus be either an RN with a Michigan license, a Baccalaureate degree with a major in a specific special education area, course work credit equivalent to a major in a specific special education area, or have a minimum of three years of personal direct care experience with individuals with special needs.

- k. **Specialized Transportation:** Specialized transportation services are provided as an administrative service for those beneficiaries under IDEA where the need for the specialized transportation and a Medicaid covered service are documented in the IEP/IFSP and where the beneficiary receives another Medicaid-covered service (other than transportation) on the same date of service.

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C. Frequency, Duration and Scope

School based services are provided to assist eligible individuals in the identification of their illnesses or disabilities on their capacity to function, as medically necessary subject to the limitations of the state plan.

Quality assurance for school based services is ensured through a program of ongoing certification of providers which includes the following elements:

1. Monitoring of providers staff qualifications and validating providers listing of staff providing school based services;
2. Performance of site survey(s) to determine ability and readiness of an applicant agency to be a qualified provider;
3. Monitoring of providers to ensure that school based services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities; and
4. Policies and procedures to address provider noncompliance with applicable federal and state laws and regulations and policies of the Michigan Medical Assistance Program.

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METHODS OF PROVIDING TRANSPORTATION

In addition to the transportation benefits covered under the Medical Assistance Program (attachment 3.1-A, Item 23a), provision is made for assuring other essential medical transportation of recipients to and from providers of service by the following methods:

- a) For the categorically needy who receive AFDC and SSI grants, transportation expenses related to the client's use of medical services are paid outside of the grant if not otherwise available without cost to the client. Transportation costs for visits to a physician's office, pharmacy, or to a clinic are allowable for this purpose. A medical transportation payment requires an initial verification of need for the trip by the client's physician. Physician is defined for this purpose as a licensed doctor of medicine, dentistry, osteopathy, podiatry or chiropractic.
- b) For applicants or recipients who require medial examinations to determine factors of eligibility, i.e., employability, incapacity, or disability, transportation related to receiving the medical examination is paid when necessary as a part of the administrative cost of the program.
- c) For applicants or recipients of Department services who require medical examination to meet particular needs of children for protective services, child care services or foster care services, transportation related to receiving the necessary medical examination is paid as an administrative cost.
- d) For clients released from mental institutions, the Department arranges for transportation through relatives and friends, if feasible, or arranges and pays for conveyors, when necessary, as part of administrative costs.
- e) Volunteers are used as a part of the Department's volunteer services program, to provide transportation for many clients in need of such service.
- f) For all MA clients, the Department's program of social services requires the worker, when appropriate, to enlist the aid of relatives and friends for the purpose of helping the client to obtain needed care, including meeting the client's needs for transportation initially and on an ongoing basis. Workers are also permitted, if necessary and practical, to transport clients.

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METHODS OF PROVIDING TRANSPORTATION

- g) For MA Clients who are medically needy, the application of available income provides that income in excess of that needed for maintenance is applied to costs of necessary medical transportation as well as other necessary medical or remedial care.
- h) Transportation expenses to and from EPSDT screening sites and to and from an initial referral by the screening sites for diagnosis and treatment are included as administrative costs of the Title XIX Program for recipients of early and periodic screening, diagnosis and treatment.
- i) Transportation expenses to and from medical providers for ongoing medically necessary treatment is included as administrative costs of the Title XIX Program for Supplemental Security Income and SSI-related MA only recipients.
- j) Transportation expenses to and from School based Services provider sites for medically necessary services are included as administrative costs. This benefit is provided by a School based Services provider or contracted provider to individuals who require transport in order to receive covered services. The covered services and transportation must be included in an IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan). This benefit is available once per day and on the same day that a covered medical service is provided.

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CASE MANAGEMENT SERVICES

A. Target Group

See attached targeted group E

B. Areas of State in which services will be provided:

- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g) (1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

- ☐ Services are provided in accordance with section 1902(a) (10) (B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of section 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10) (B) of the Act.

D. Definition of Services

Assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services. (See Definition of Services for targeted group A.

E. Qualifications of Providers

See attached

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CASE MANAGEMENT SERVICES

A. Target Group

Targeted Group E:

1. Individuals under 26 years of age and determined by an individualized educational program committee or a hearing officer to have a characteristic or set of characteristics pursuant to the Michigan Administrative Rules for Special Education 340.1703 to 430.1715, or
2. Individuals from birth through age two who are experiencing developmental delay or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay as defined in the P.L. 102-119, Part H, Michigan Interagency Agreement for Eligible Infants and Toddlers and their Families.
3. Individuals not in the target group include:
 - Persons who, as shown by an assessment, require mental health case management. These persons have a primary diagnosis of either mental illness or developmental disability and a documented need for access to the continuum of mental health services offered by a Medicaid-enrolled mental health clinic services provider, or
 - Persons who are age 0 - 21 with a Michigan Department of Public Health, Division of Children's Special Health Care Services medically eligible diagnosis, or
 - Persons who are SSI-Disabled Children's Program clients age 0 -16, or
 - Persons who are age 21 and over with either cystic fibrosis or coagulation defects.

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CASE MANAGEMENT SERVICES

E. Qualifications of Providers

Providers: Case Management provider organizations must be certified by the single state agency as follows:

- 1.) to provide school based services as prescribed by professionals acting within their scope of practice as defined by state law; and
- 2.) to comply with the provisions for quality assurance specified in Attachment 3.1-A 13.d. (6).C of the state plan; and.
- 3.) to maintain and submit all records and reports to ensure compliance with the Michigan Revised Administrative Rules for Special Education.

Qualifications of Case Managers:

Registered nurse with a valid Michigan license, or

Baccalaureate degree with a major in a specific special education area or have earned credit in course work equivalent to that required for a major, or

Three years personal experience in the direct care of a child with special needs, or

Demonstrated knowledge and understanding about:

- 1.) Infants and toddlers who are eligible under IDEA; and
- 2.) Part H of the IDEA and the regulations; and
- 3.) The nature and scope of services covered under IDEA, systems of payments for services, and other pertinent information; and
- 4.) Providing direct care of a child with special needs; and
- 5.) Providing culturally competent services within the culture of the community being served.